

Name  
in  
Full

Annie E Adams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Millington <sup>Town</sup>		Kent <sup>County</sup> 20		MARYLAND	
Date of death		1906	Month 8	Day 20	Age	6	Months 2 months
Sex		Female		Color or Race		White	
Occupation				Birth-place		Easton	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				J. S. Adams			
Mother's Maiden Name				Lillian Adams			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

Primary	Chorea Infarctus	How long	2 Weeks
Immediate		How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

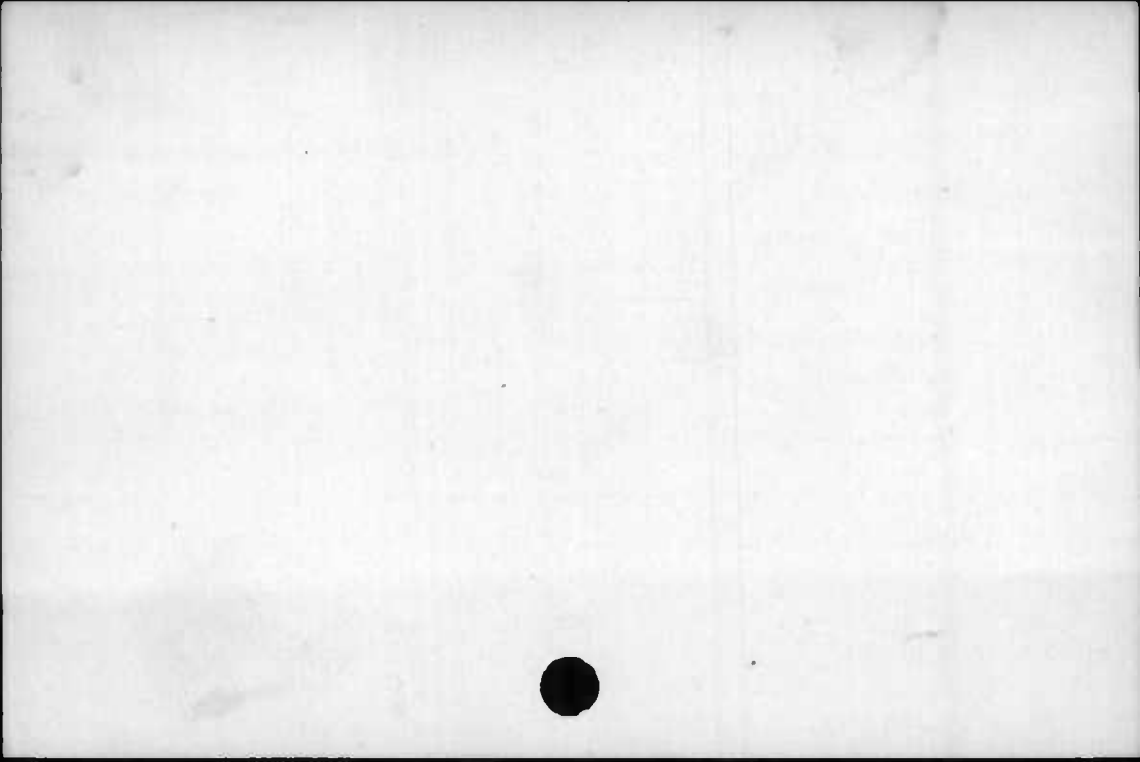
Yes

Signature of Physician

Address

H. Canag 78  
Millington

Accident or Suicide?



Name  
in  
Full

Hannah E. Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <sup>Town</sup> <i>Synch</i>		<sup>County</sup> <i>Hent</i>		MARYLAND							
Date of death	1906	Month	<i>Aug</i>	Day	<i>19</i>	Years	<i>60</i>	Months	<i>—</i>	Days	<i>—</i>
Sex	<i>female</i>	Color or Race	<i>Black</i>	Birth-place	<i>U.S.</i>						
Occupation	<i>Housewife</i>			Where Residing if not at place of death <i>— — — — —</i>							
Married, Single or Widowed	<i>Widow</i>			Name of Wife or Husband <i>— — — — —</i>							
Father's Name	<i>Abraham Butler</i>			Father's Birthplace	<i>U.S.</i>						
Mother's Maiden Name	<i>Annie Wright</i>			Mother's Birthplace	<i>U.S.</i>						
Name of person giving information	<i>Rachel Butler</i>			How related to deceased	<i>Sister</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile Arterio-Sclerosis</i>	How long	<i>one year.</i>
Immediate	<i>Gangrene of lower extremities</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		yso	
Signature of Physician		<i>S. J. Brown</i>	
Address		<i>Kennerlyville Md.</i>	
<del>Accident or Suicide?</del>			

Fountain Church

Name  
in  
Full

Stitty Bealle

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Chestertown<sup>County</sup> Kent

MARYLAND

Date

of death 190 6

Month

8

Day

1

Age

Years

94

Months

—

Days

—

Sex

Female

Color or  
Race

Colored

Birth-  
place

Kent Co MD

Married, Single  
or Widowed

Never

Occupation

None

Name of Wife or  
Husband

Henry Bealle

Father's  
Name

William Hindman

Father's  
Birthplace

Mo

Mother's  
Maiden Name

Debby —

Mother's  
Birthplace

Md

Name of person giving  
In formation

Louis Bealle

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Old age

How long

Several years

Immediate

Dementia

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

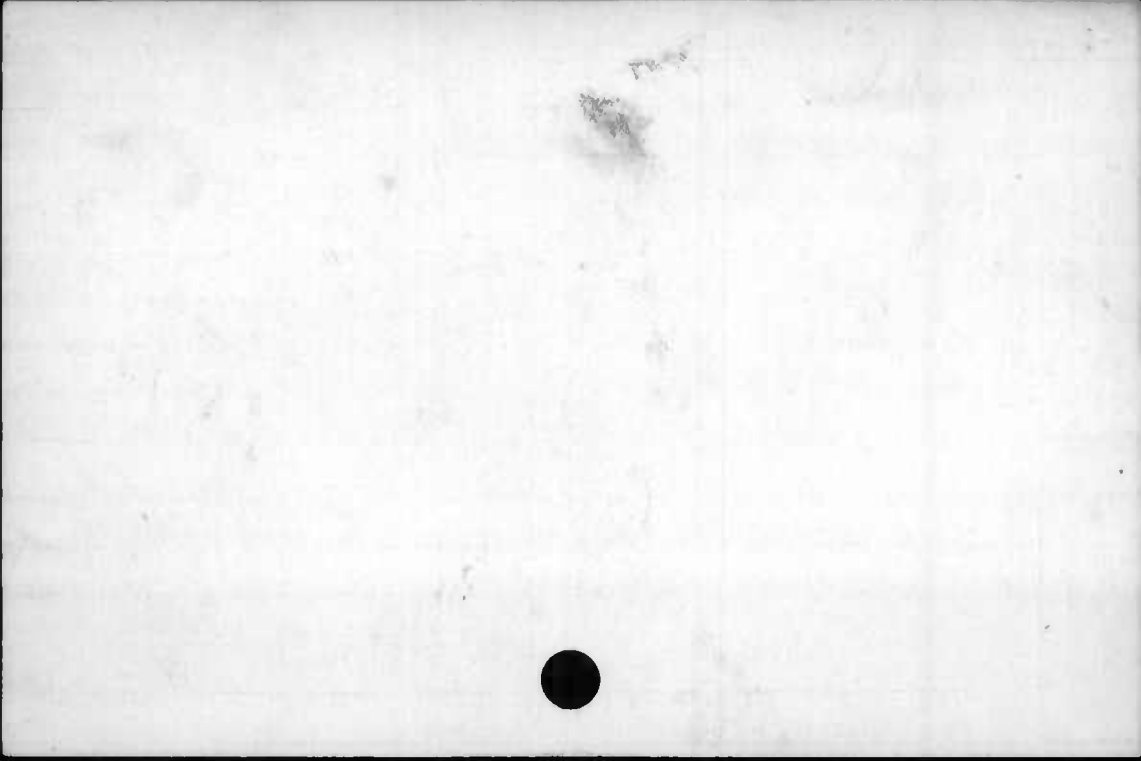
W Frank Hennis MD

Address

Chestertown MD

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *E. Esther Bond.*  
*Near Still Pond.*County *Kent*Date of death *1906 August 1st* Age *46*Months *—* Days *—*Sex *Female* Color or Race *White* Birth-place *Baltimore.*Occupation *—* Where Residing if not at place of death *Baltimore city*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Thomas Bond.*Father's Birthplace *U. S.*Mother's Maiden Name *A. R. Bond.*Mother's Birthplace *U. S.*Name of person giving information *J. Emory Bond.*How related to deceased *Brother*

## CAUSES OF DEATH

Primary *General debility.*How long *Several years.*Immediate *Heart-failure.*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

*Wm. S. Maxwell,*  
*Still Pond, Md.*Accident or Suicide? *—*PHYSICIAN  
OR CORONER





Name  
in  
Full

no name Brook

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Massachusetts</i>		Town <i>Brook</i>		County		MARYLAND	
Date of death <i>1904</i>	Month <i>Aug</i>	Day <i>9</i>	Age	Years	Months	Days <i>5</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Hunt Co</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>yes</i>		Name of Wife or Husband <i>Bece Brooks</i>					
Father's Name <i>Mr Brooks</i>				Father's Birthplace <i>Cal Co</i>			
Mother's Maiden Name <i>Bece Pullen</i>				Mother's Birthplace <i>Christa Pa</i>			
Name of person giving Information <i>Bece Brooks</i>				How related to deceased <i>mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Lack of Vitality</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Parr City Coroner</i>
	Address <i>Galena Md</i>
Accident or Suicide?	



Name  
in  
Full

State Born

Brooks

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Caleman

Kent

Date

Month

Day

Age

Years

Months

Days

of death 1906

Aug

1

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Geo Brooks.

Father's  
Birthplace

Md

Mother's  
Maiden Name

Paulah Brown.

Mother's  
Birthplace

Md.

Name of person giving  
In formation

Clarence Brown

How related  
to deceased

## CAUSES OF DEATH

Primary

Still Born.

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

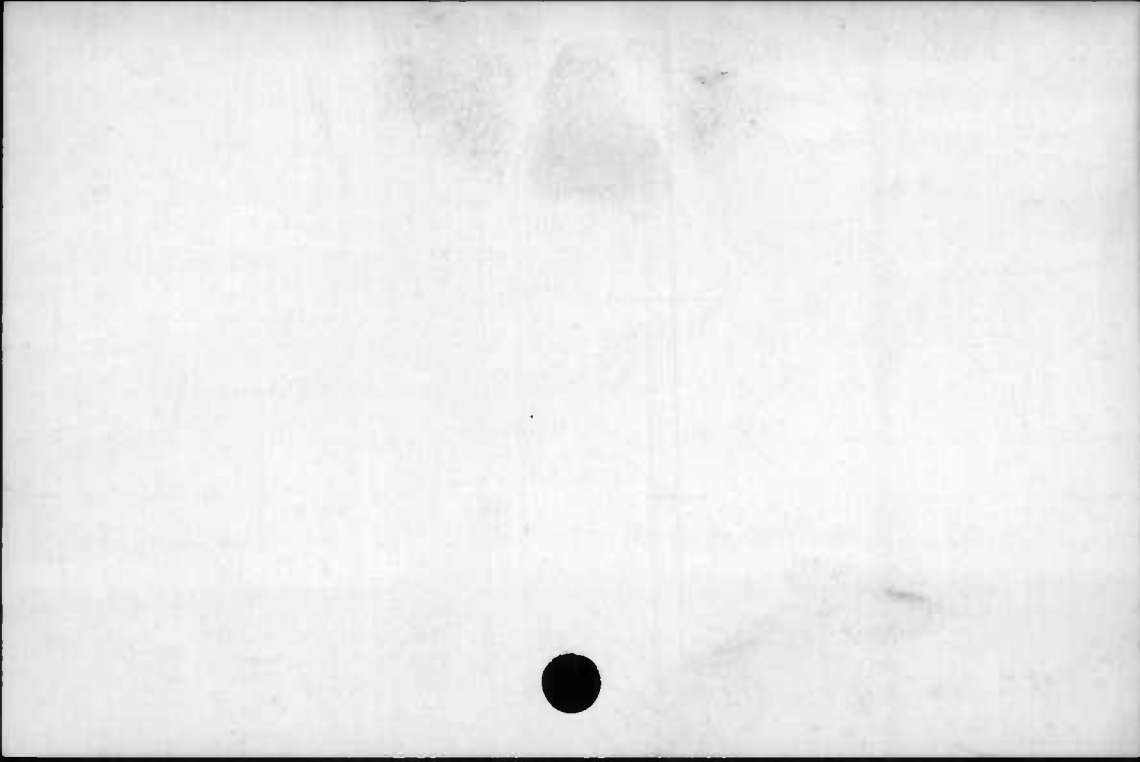
L. P. Churchill M.D.

Address

Still Pond  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Lecio Brown

CERTIFICATE OF DEATH

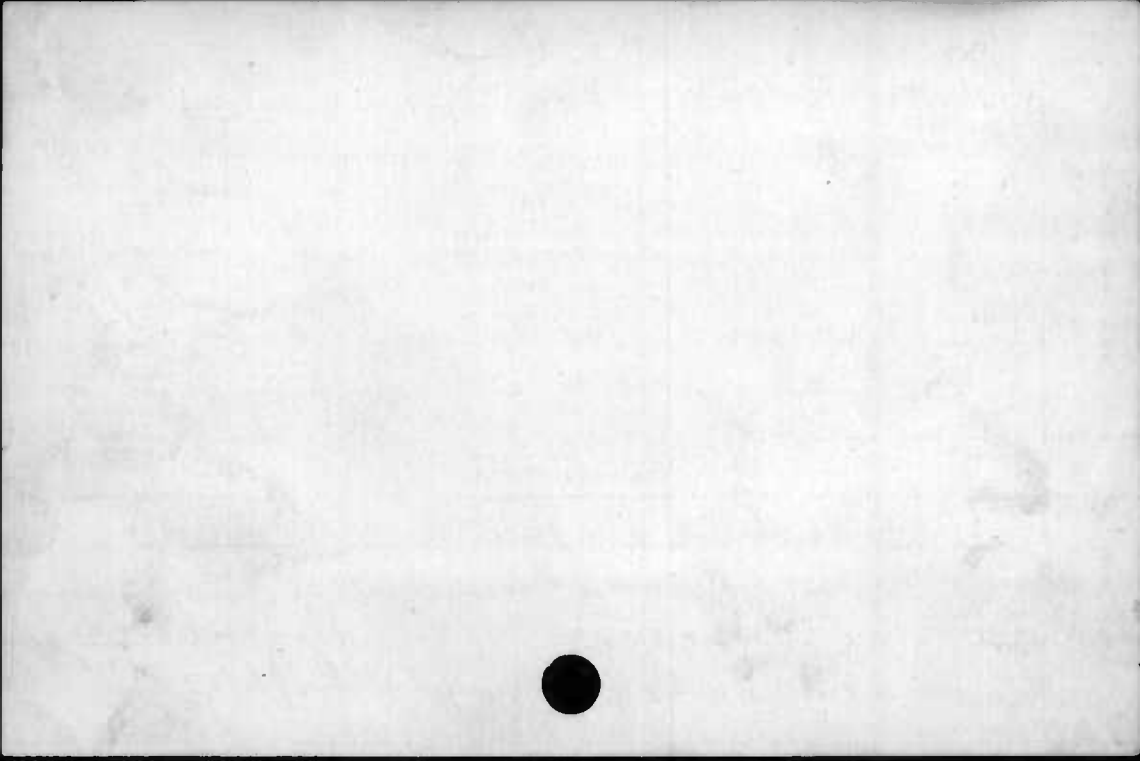
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Galena</i>		Town		<i>Kent</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Aug.</i>		Day <i>22</i>		Age <i>21</i>		Years <i>4</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co.</i>		Months <i>4</i>		Days <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Thomas Brown</i>		Father's Birthplace <i>Kent Co.</i>							
Mother's Maiden Name <i>Mary J. Wilmer</i>		Mother's Birthplace <i>Kent Co.</i>							
Name of person giving information <i>Robert S. Pesker</i>		How related to deceased <i>Friend</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>18 mos.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward A. Scott,</i>	
		Address <i>Galena, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Margaret V. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Still Pond</u> <sup>Town</sup>		<u>St. Mary's</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Aug.	Day	3
Age		Years	3	Months	26
				Days	23
Sex	female	Color or Race	Black-	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	McClford Butler			Father's Birthplace	Md.
Mother's Maiden Name	Caral Jones			Mother's Birthplace	Md.
Name of person giving information	Mcd Butler			How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Brother's Infantum</u>	How long	2 day 2
Immediate	<u>Exhaustion</u>	How long	1
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Jan W. Hie. M.D.
		Address	Still Pond Md
Accident or Suicide?			

Still Pong



Name  
In  
Full

Katie M Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

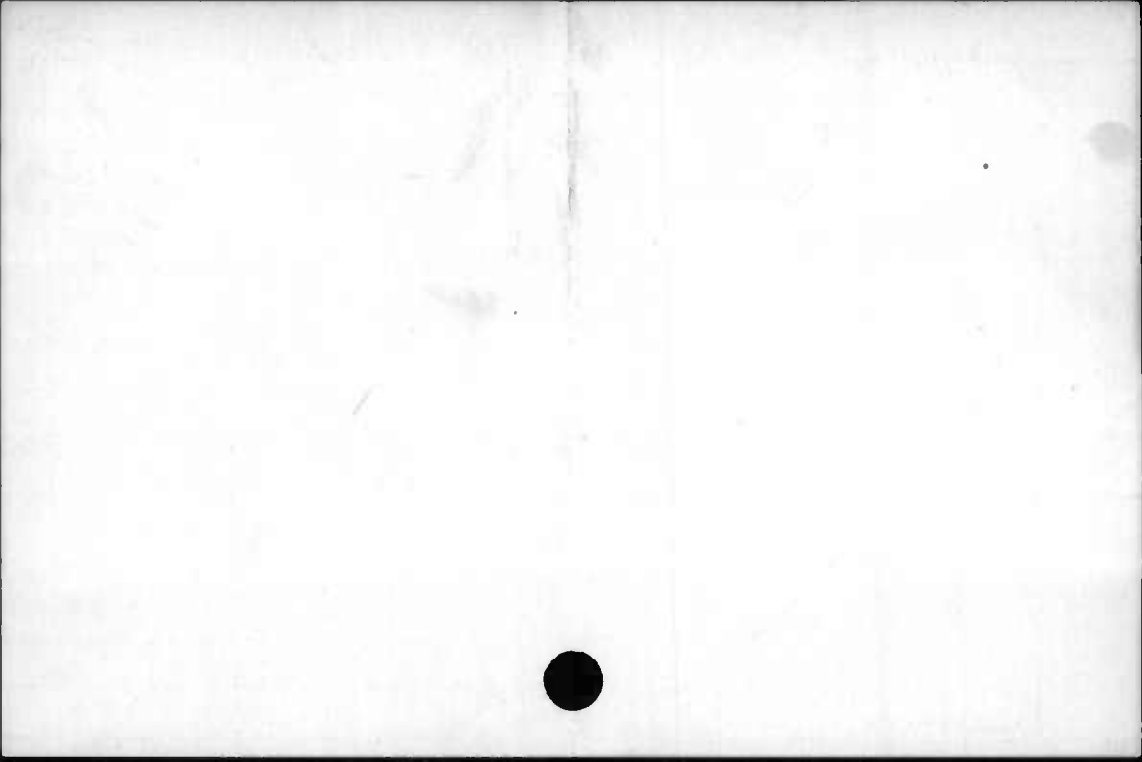
MARYLAND

Died at <i>near Blacks</i>		Town <i>Blacks</i>		County <i>Kent</i>	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>23</i>	Age <i>8</i>	Years <i>8</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>		Days
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wm V. Carter</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Ella Herman</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Wm H. Carter</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>measles &amp; Pneumonia</i>	How long <i>one week</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>S I Barwick Md</i>
	Address <i>Kennedyville Md.</i>
Accident or Suicide?	



*Edwin Cooper*  
 Died at *Mar* Town *Chesapeake* County *Kent*

MARYLAND

Date 189 *1906* Month *1* Day *8* Y. M. D. Native of *Md.* Occupation *Farmer*  
 Male ☒ White ☒ Married ☒ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *6*

Husband  
 of  
 Wife

Father's  
 Name

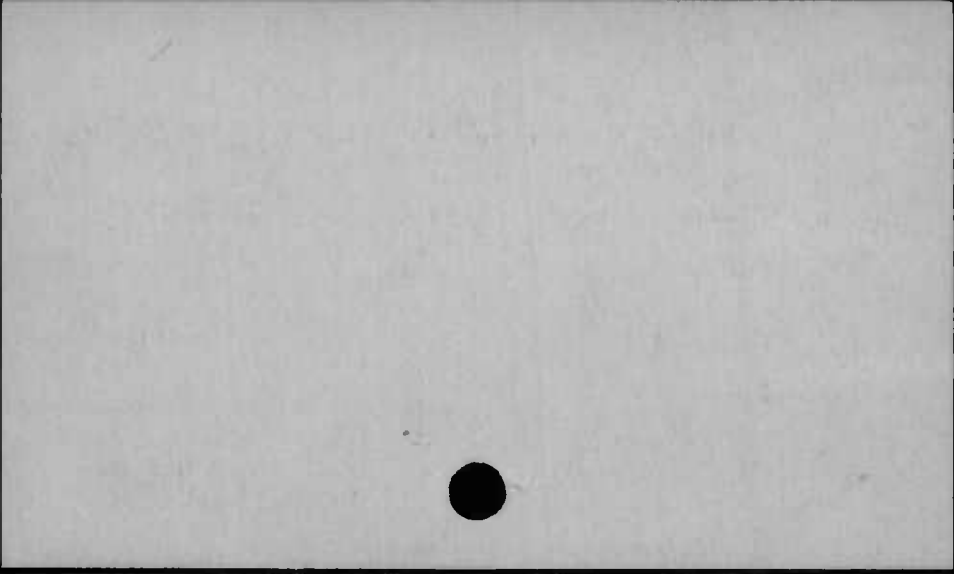
Mother's  
 Name

Cause of { Primary *Cirrhosis of Liver* How long sick *several years*  
 Death { Immediate *Asthenia* *11 1/2*  
 Accident, Suicide, Homicide

Reported by *Harry L. Deas, M.D.*

Address *Chesapeake Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

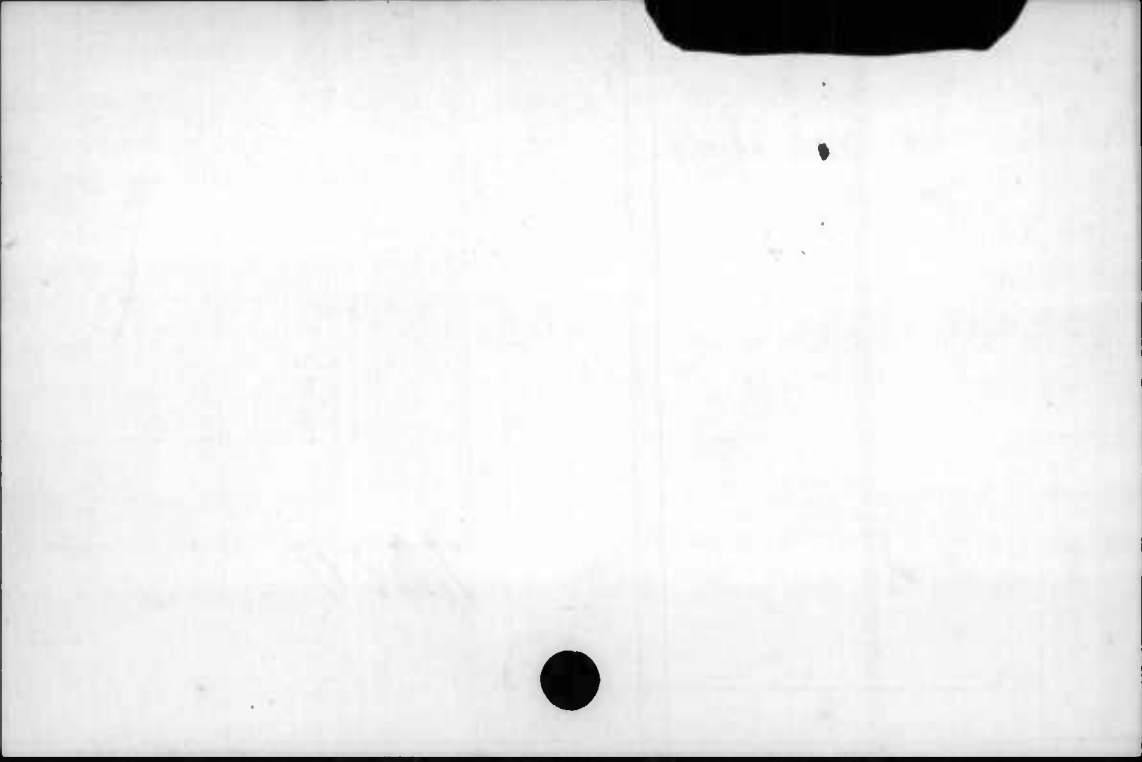
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Millington</i>		Town <i>Millington</i>		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>6</i>		Month <i>Aug</i>		Day <i>3</i>		Age <i>Years</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co. Md.</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>William Darrel</i>				Father's Birthplace <i>Kent Co</i>			
Mother's Maiden Name <i>Laura Webb-</i>				Mother's Birthplace <i>Kent Co</i>			
Name of person giving information <i>Mr Emmerson</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Lack of Care</i>	How long	<i>153</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>H M Jeter</i>	
Address		<i>Millington. Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Samuel Leon Dadds

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Ches. Antom		Kent			
Date of death	1906	Month	Aug	Day	20
Age		Years		Months	
10					
Sex	Male		Color or Race	White	
Occupation		Birth-place			
Married, Single or Widowed		Where Residing if not at place of death			
Father's Name		Wm. A. Dadds		Father's Birthplace	
				Md	
Mother's Maiden Name		Daisy Kewitts		Mother's Birthplace	
				Md	
Name of person giving information		Wm. A. Dadds		How related to deceased	
				Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enter cause	How long	6 weeks
Immediate	Exhaustion	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. J. [unclear]	
		Address	
		Ches. Antom	
Accident or Suicide?			
No			





Name  
in  
Full

Sarah A.

Freemy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Hainesville</b> <small>Town</small>		<b>Kent</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>1906</b>	<b>Aug</b> <small>Month</small>	<b>14</b> <small>Day</small>	<b>—</b> <small>Years</small>	<b>1</b> <small>Months</small>	<b>7</b> <small>Days</small>
Sex <b>female</b>	Color or Race <b>white</b>		Birth-place <b>md</b>		
Occupation <b>—</b>			Where Residing if not at place of death <b>—</b>		
Married, Single or Widowed <b>—</b>			Name of Wife or Husband <b>—</b>		
Father's Name <b>Benjamin L. Freemy</b>			Father's Birthplace <b>U. S.</b>		
Mother's Maiden Name <b>Mary younger</b>			Mother's Birthplace <b>U. S.</b>		
Name of person giving information <b>—</b>			How related to deceased <b>—</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Typhoid Mesenterica</b>	How long <b>all life -</b>
Immediate <b>Marasmus</b>	How long <b>4 weeks</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Dr. Benge Simmons</b>
	Address <b>Chestertown Md</b>
Accident or Suicide? <b>no -</b>	

St James. Church

Name  
in  
Full

CERTIFICATE OF DEATH

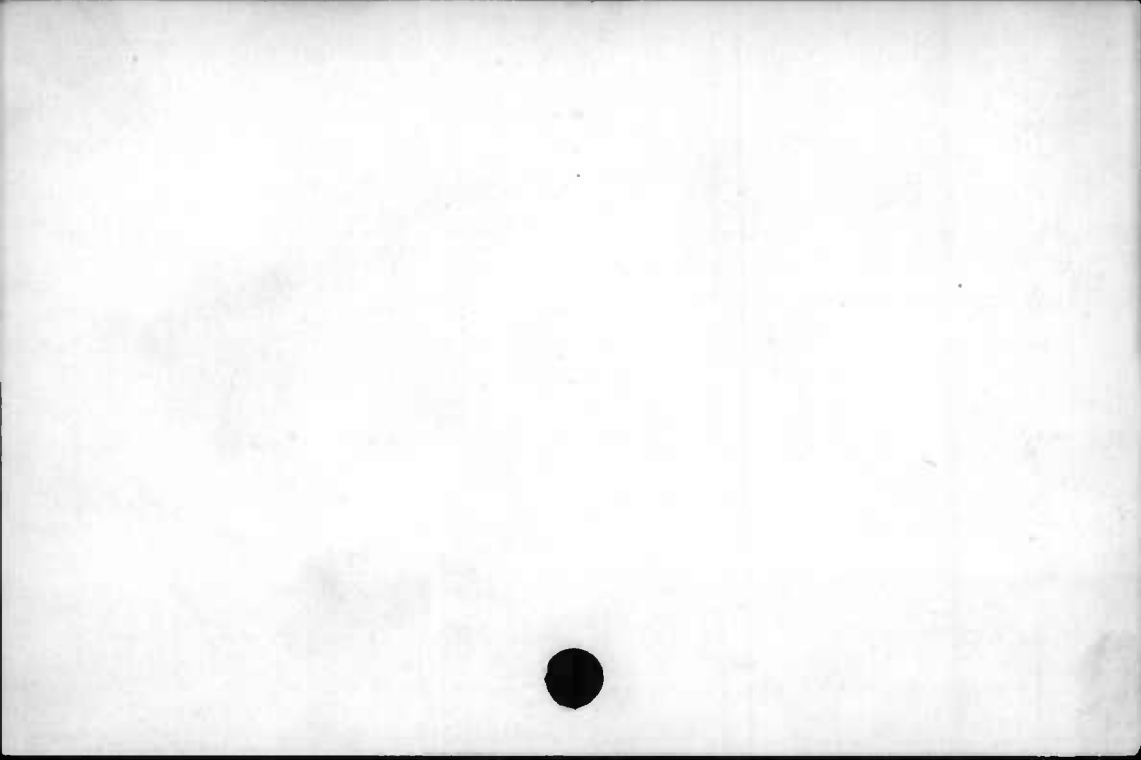
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rockfall</i> <sup>Town</sup>		<i>Kent Co</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>Aug</i>	Day <i>19</i>	Age <i>—</i>	Months <i>—</i> Days <i>2</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Rockfall</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Rome Harris</i>			Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Kate Rodney</i>			Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Rome Harris</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Convulsion</i>	How long	<i>One day</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. A. Selby M.D.</i>	
		Address <i>Rockfall Kent Co</i>	
Accident or Suicide?			



Name  
in  
Full

Irina Hunt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Millington* Town*Kent* County *es*

Date of death 1906 8

Day 3

Age 60 Years

Months

Days

Sex *Female*Color or Race *White*Birth-place *Kent es*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*James H Hunt*

Father's Birthplace

*Kent*

Mother's Maiden Name

*Emily A Hunt*

Mother's Birthplace

*Kent*

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

*Bright vision*

How long

*3 months*

Immediate

*" "*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

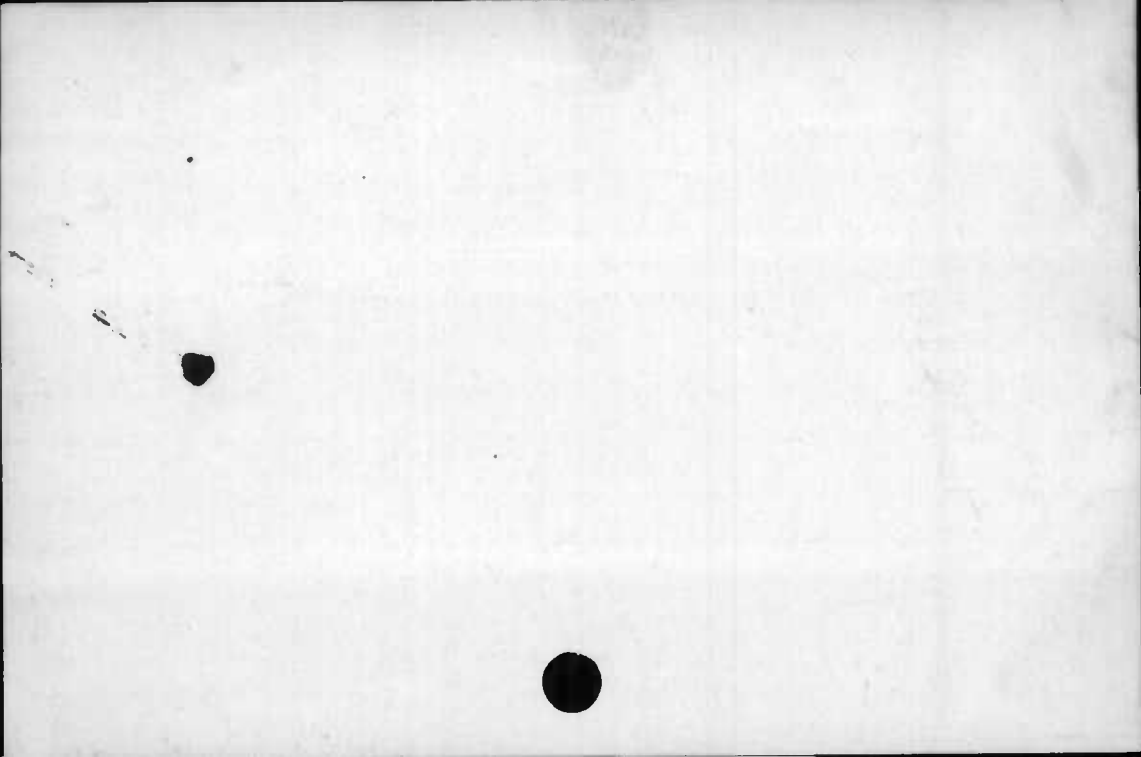
Signature of Physician

*W. C. ...*

Address

*Millington*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Alice Hymanson*

Town *Morgantown* County *West*

Died at *West*

State *MARYLAND*

Date of death *1906* Month *8* Day *8* Age *22* Years Months Days

Sex *Female* Color or Race *Blk* Birthplace *Morgantown*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Ernest Hymanson*

Father's Name *Hugh Pierce* Father's Birthplace *West*

Mother's Maiden Name *Margaret Pierce* Mother's Birthplace *West*

Name of person giving information *John Kinggold* How related to deceased *Uncle*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid fever* How long *Three*

Immediate *Exhaustion* How long *Several days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Summers*

Address *Chesterton*

Accident or Suicide? *No*





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Samuel William Leonard

## CERTIFICATE OF DEATH

Died at		Town Rock Hall		County Kent Co.		MARYLAND	
Date of death 1906		Month Aug.	Day 4	Years —		Months 4	Days —
Sex Male		Color or Race Colored		Birth- place Kent			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Lawrence Leonard				Father's Birthplace Kent Co.			
Mother's Maiden Name Lottie Hopkins				Mother's Birthplace Kent Co.			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

Primary	Summer Catarrh	How long	3 weeks
Immediate	Exhaustion	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Walter J. [Signature]	
Address		Rock Hill, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

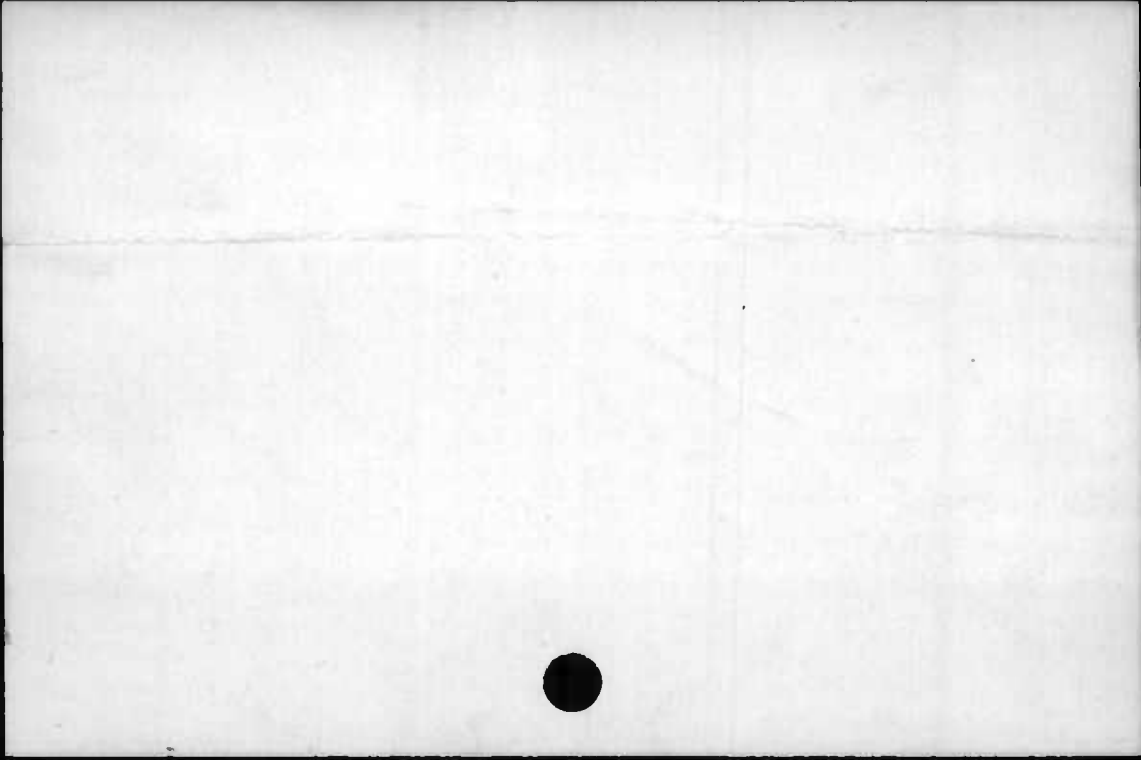
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chestertown</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u> <sup>Year</sup>	<u>Aug</u> <sup>Month</sup>	<u>7th</u> <sup>Day</sup>	<u>62</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup> <u>6</u> <sup>Days</sup>
Sex	<u>Male</u>		Color or Race	<u>Colored</u>	
Occupation			Birth-place	<u>Chestertown</u>	
Married, <del>Single</del> or <del>Widowed</del>			Where Residing if not at place of death		
Name of Wife or Husband			<u>Sarah Jackson</u>		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Endocarditis</u>	How long	<u>one full year</u>
Immediate	<u>Heart Failure</u>	How long	<u>Several years</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>H. H. Wilson</u>	
		Address	
		<u>Church Hill, Md</u>	
Accident or Suicide?			



Name  
in  
Full

Helen E. Melanley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Galena</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug.</i>	Day <i>20</i>	Age <i>1</i> <sup>Years</sup>	Months <i>2</i>	Days <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Galena, Ind.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Frank A. Melanley</i>			Father's Birthplace <i>Kent Co., Ind.</i>		
Mother's Maiden Name <i>Maria E. Laney</i>			Mother's Birthplace <i>Philadelphia</i>		
Name of person giving information <i>Frank A. Melanley</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Immediate	<i>Enterocolitis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward A. Scott</i>	
		Address <i>Galena, Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

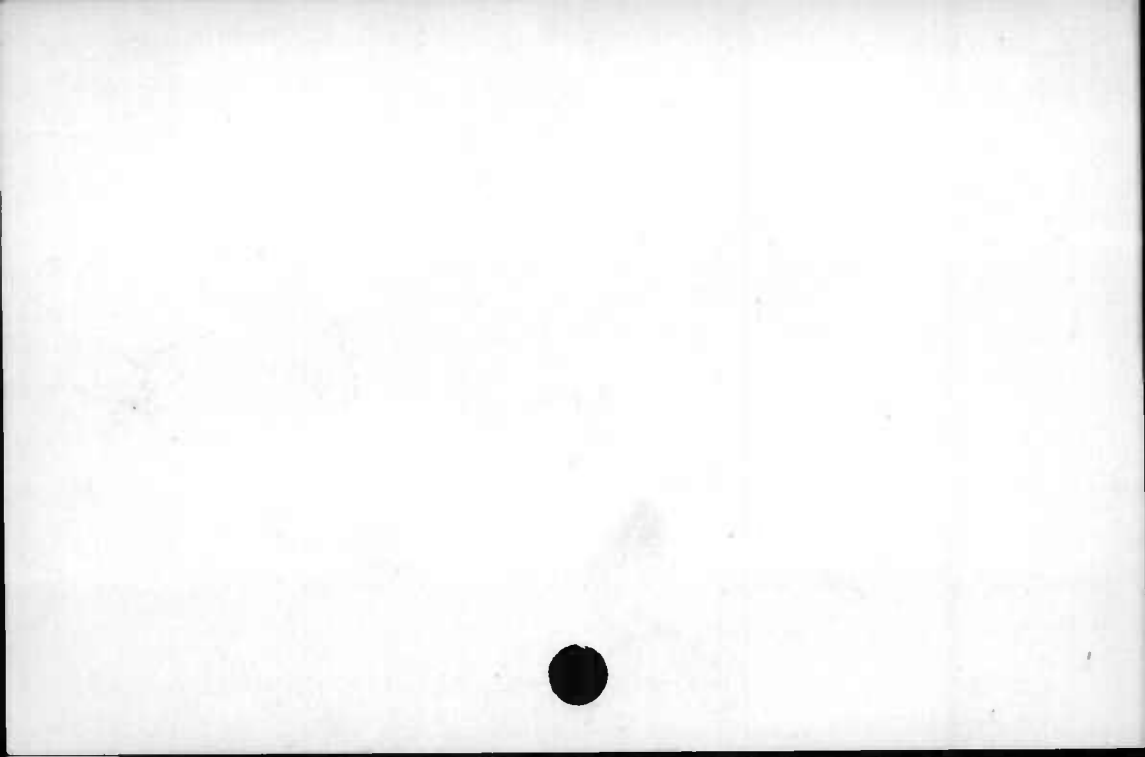
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Louis Oakley</i>		Town <i>Big Woods</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Big Woods</i>		Month <i>Aug</i>		Day <i>4</i>		Age <i>1</i> Years <i>1</i> Months <i>1</i> Days	
Date of death <i>1906</i>		Sex <i>male</i>		Color or Race <i>Black</i>		Birthplace <i>Big Woods</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Kent Co Md</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Louis Oakley</i>		Father's Birthplace <i>Kent Co Md</i>					
Mother's Maiden Name <i>Annie M. Wilson</i>		Mother's Birthplace <i>Kent Co Md</i>					
Name of person giving information <i>Louis Oakley</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>	<i>105</i>	How long <i>two weeks</i>
Immediate <i>Exhaustion</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. J. Bannick</i>
		Address <i>Kennedyville Md</i>
Accident or Suicide? <i>—</i>		





Name  
In  
Full

Marguerite Rebecca Penn

## CERTIFICATE OF DEATH

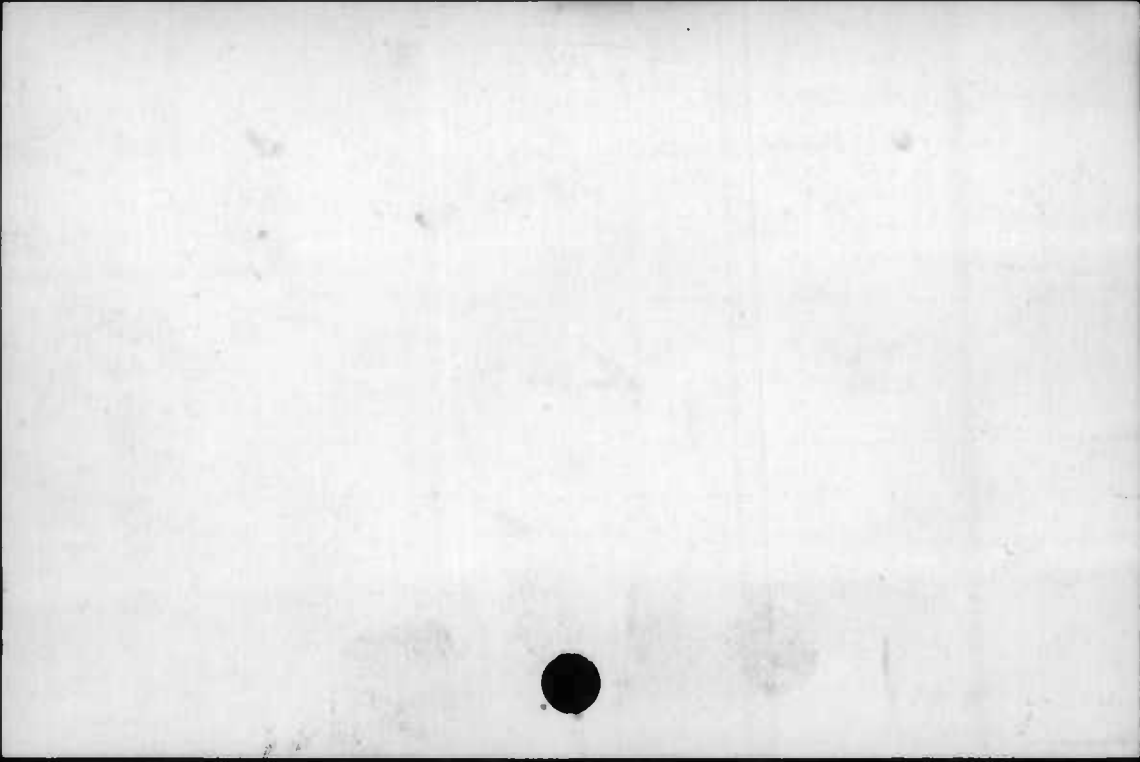
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rock Hall</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND			
Date of death	<i>1906</i>	Month <i>aug</i>	Day <i>4</i>	Age <i>25</i>	Years <i>3</i>	Months <i>3</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>William H Penn</i>			Father's Birthplace <i>N.J. Jersey</i>				
Mother's Maiden Name <i>Mary E Coleman</i>			Mother's Birthplace <i>Kent Co Md</i>				
Name of person giving information <i>William H Penn</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gas trinitational Catarrh</i>	How long <i>15 days</i>
Immediate <i>Exhaustion</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm B. Beall M.D.</i>
	Address <i>Rock Hall Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Harrison Regiment

## CERTIFICATE OF DEATH

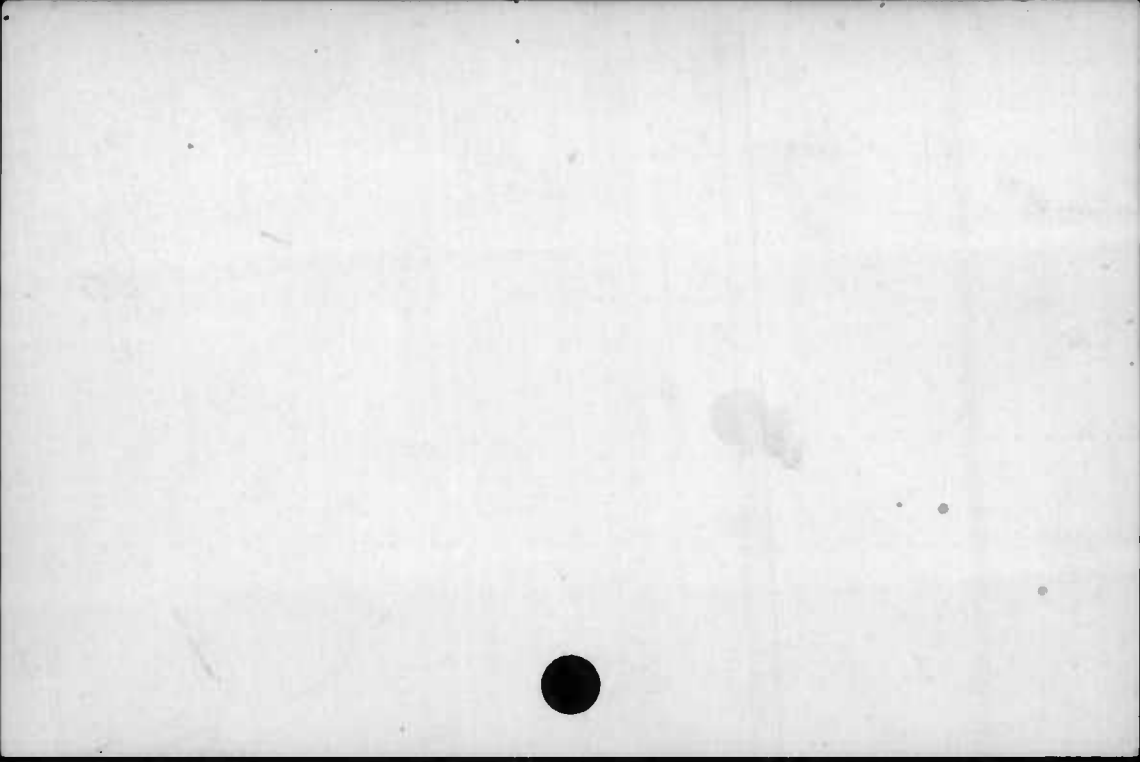
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Locust Grove</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>13</u>	Age <u>15</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Kent Co Md</u>		
Occupation <u>Labors</u>			Where Residing if not at place of death <u>Locust Grove Md</u>		
Married, Single or <u>Widowed</u>		Name of Wife or Husband			
Father's Name <u>Walker Regiment</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Mary Walker</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Robert Chasfield</u>			How related to deceased <u>son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Suppurative Trenchitis</u>	How long	<u>2 weeks</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color date and place correctly given above? <u>yes</u>		Signature of Physician <u>G. Edward Barwick</u>	
		Address <u>Remedyville Md</u>	
Accident or Suicide? <u></u>			



Name  
in  
Full

Michael Rigby

## CERTIFICATE OF DEATH

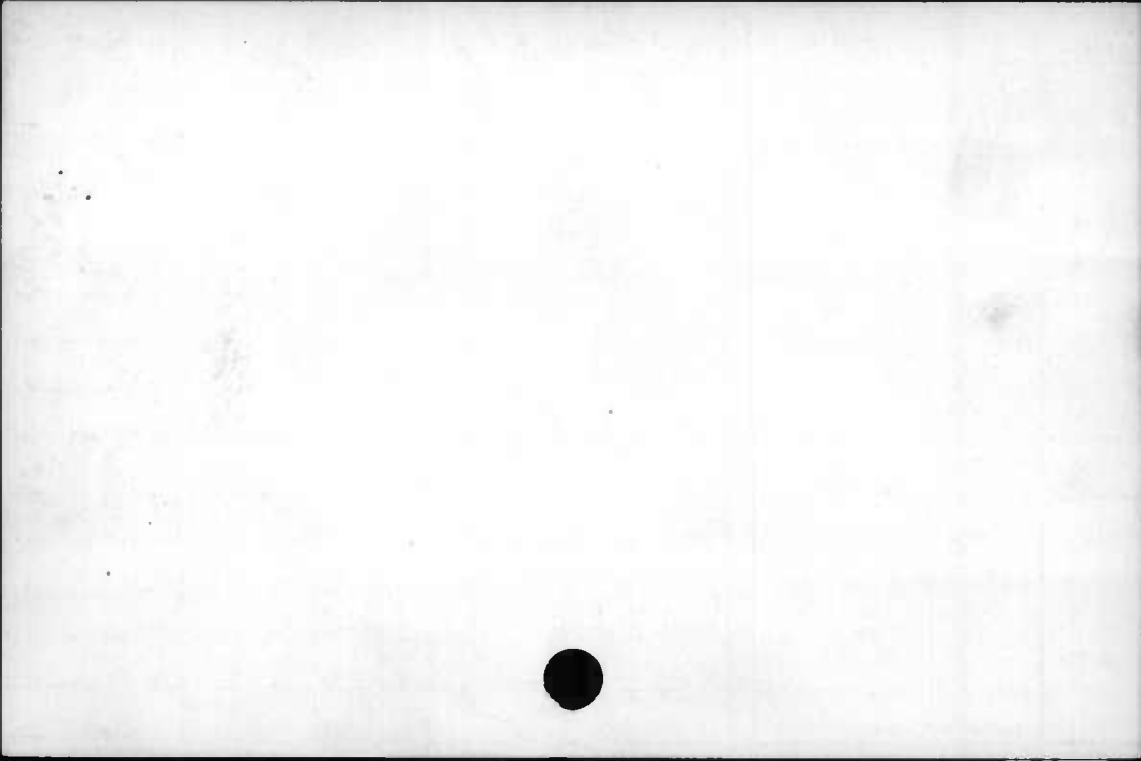
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chestertown</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>13</u>	Age <u>75</u> <small>Years</small>	Months	Days
Sex <u>Male</u>	Color or Race <u>Col</u>		Birth-place <u>Ind</u>		
Occupation <u>Butcher</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband				
Father's Name <u>Don't know</u>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>Joe Rigby</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Mitral regurgitation</u>	How long <u>7 or 8 years</u>
Immediate <u>Cardiac insufficiency</u>	How long <u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. E. Simpson</u>
	Address <u>Chestertown Ind</u>
Accident or Suicidal? <u>No</u>	



Name  
in  
Full

Hm Steggs

## CERTIFICATE OF DEATH

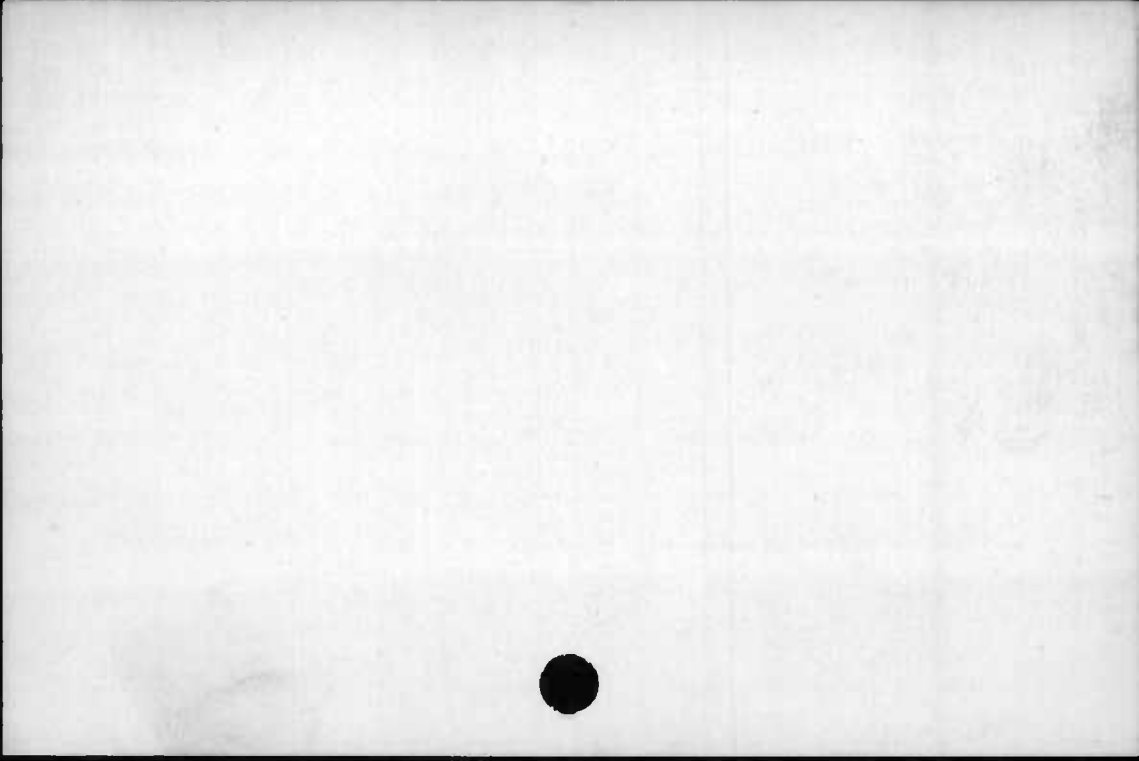
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Near Millington		County Kent Co		MARYLAND	
Date of death		1906	Month 8	Day 30	Age 45	Years	Months Days
Sex Male		Color or Race White		Birth- place Del			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Hannah Steggs			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer	How long	Inf to
Immediate	11	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?		N. Comings Millington Md	





Name  
in  
Full

Charles Henry Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Coleman</u>		Town		County <u>Stent</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>7</u>	Age <u>—</u>	Years <u>—</u>	Months <u>6</u>	Days <u>5</u>		
Sex <u>male</u>	Color or Race <u>Black.</u>		Birth-place <u>md</u>					
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>					
Father's Name <u>Thomas Smith</u>			Father's Birthplace <u>U.S.</u>					
Mother's Maiden Name <u>Nancy White</u>			Mother's Birthplace <u>U.S.</u>					
Name of person giving information <u>Thomas Smith</u>			How related to deceased <u>father</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Nephritis.</u>	(120)	How long <u>two weeks.</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>W.S. Maxwell.</u>	Address <u><del>W.S. Maxwell</del> Still Pond, Md.</u>
Accident or Suicide?		

column

Name  
in  
Full

Emma Spencer

## CERTIFICATE OF DEATH

MARYLAND

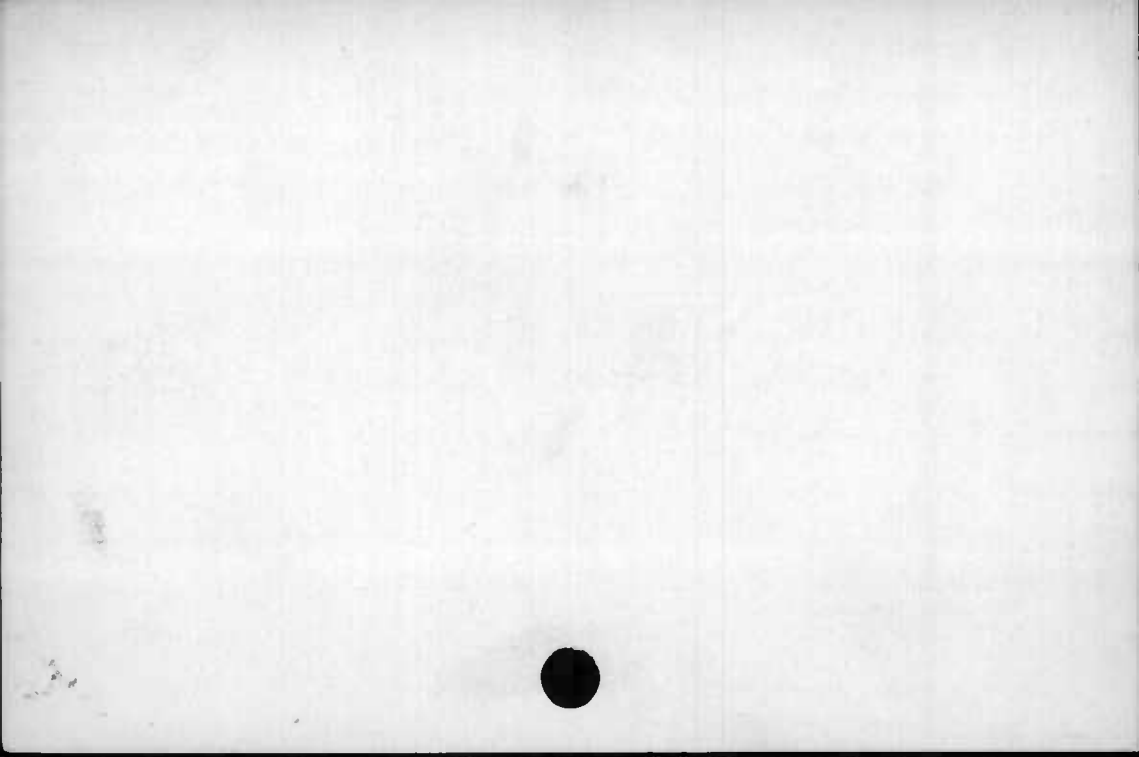
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Galena</i> Town		County <i>Kent-</i>			
Date of death <i>1906</i>	Month <i>8</i>	Day <i>28</i>	Age <i>34</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		
Occupation <i>house-wife</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John Spencer</i>				
Father's Name <i>Amos Blackstone</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Anna Ward</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>husband's sister</i>	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>about 3 weeks</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lattimer, M.D.</i>
	Address <i>Galena, Ind.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name **Howard Starling** Town **near Still Pond** County **Hent** MARYLAND

Died at **near Still Pond**

Date of death **1906** Month **aug** Day **5** Age **—** Years **—** Months **11** Days **—**

Sex **Male** Color or Race **Black** Birth-place **md**

Occupation **—** Where Residing if not at place of death **—**

Married, Single or Widowed **—** Name of Wife or Husband **—**

Father's Name **Walter Starling** Father's Birthplace **md**

Mother's Maiden Name **Bessie Wilmer** Mother's Birthplace **md**

Name of person giving information **L. W. Ford** How related to deceased **none**

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary **Cholera Infantum** (105) How long **—**

Immediate **Convulsions** How long **—**

Are the name, age, sex, color, date and place correctly given above?

**yes.**

Signature of Physician

Address

**L. P. Atwood M.D.**  
**Still Pond**  
**md**

Accident or Suicide?

Still Pond.

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

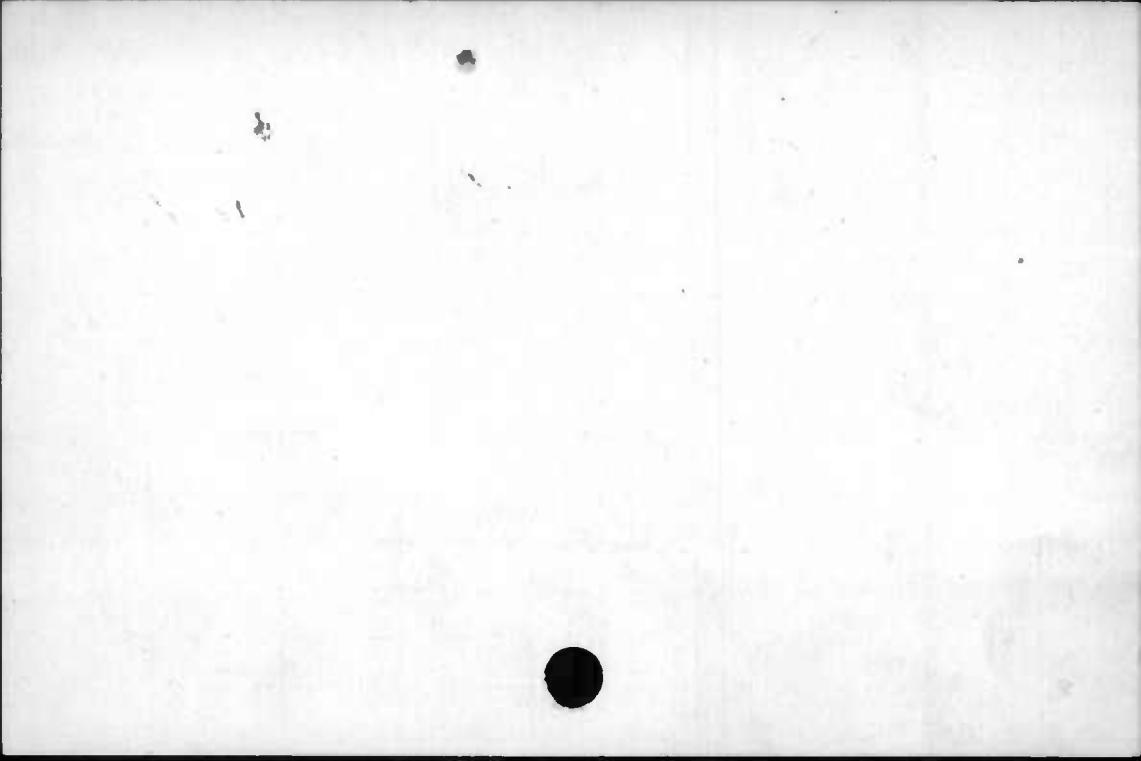
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rock Hill</i> <sup>Town</sup> <i>Kent Co.</i> <sup>County</sup>			
Date of death <i>1906 Aug.</i>	Month <i>Aug.</i>	Day <i>12</i>	Age <i>12</i> Years Months <i>3</i> Days <i>2</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Kent Co.</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Thomas Payles</i>		Father's Birthplace <i>Kent Co.</i>	
Mother's Maiden Name <i>Lula May Coleman</i>		Mother's Birthplace <i>Kent Co.</i>	
Name of person giving information <i>Thomas Payles</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Summer Cough</i>	How long <i>4 days</i>
Immediate <i>Ephephation</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Ely M.D.</i>
	Address <i>Rock Hill Kent Co.</i>
Accident or Suicide?	





Name  
in  
Full

Ada Blanche Wrie

## CERTIFICATE OF DEATH

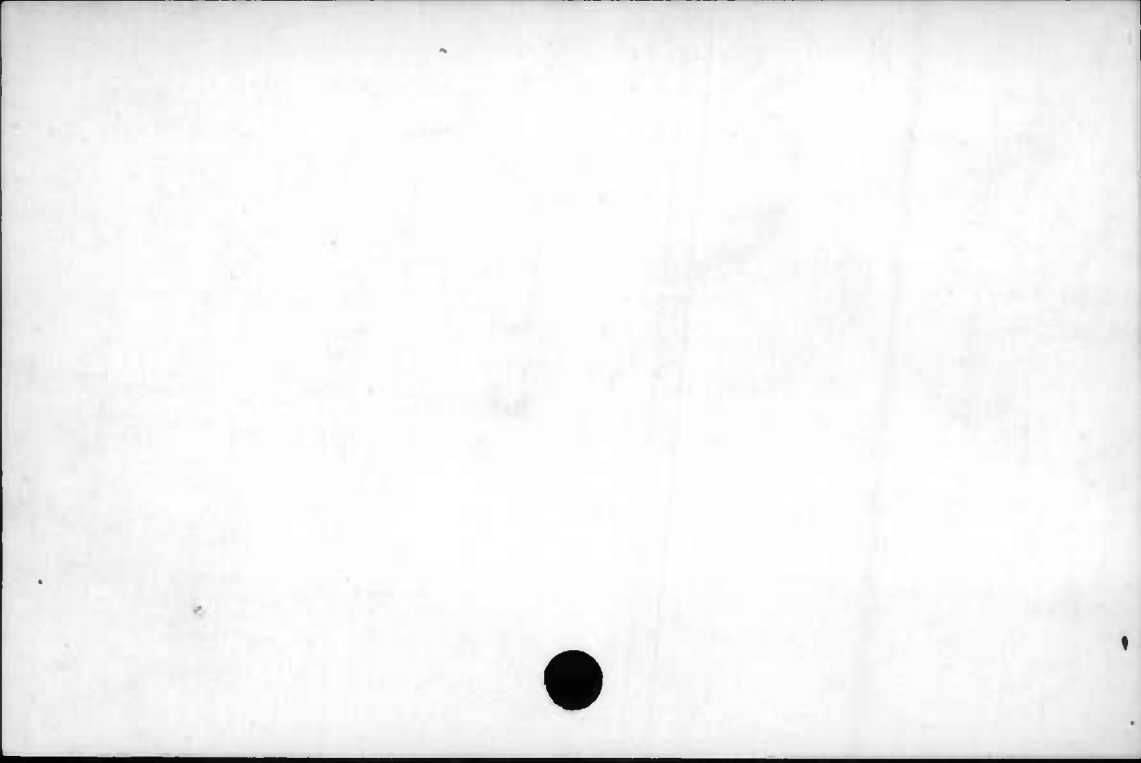
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rock</i> <sup>Town</sup>		<i>Kent Co</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug.</i>	Day <i>17</i>	Age <i>—</i> Years	Months <i>6</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Geo; Wrie</i>		Father's Birthplace <i>Kent Co.</i>			
Mother's Maiden Name <i>Bessie Waltemeyer</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Geo; Wrie</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter O. Silby M.D.</i>	
		Address <i>Rock Hall Md</i>	
Accident or Suicide?			



Name  
in  
Full

M. L. Whitley

## CERTIFICATE OF DEATH

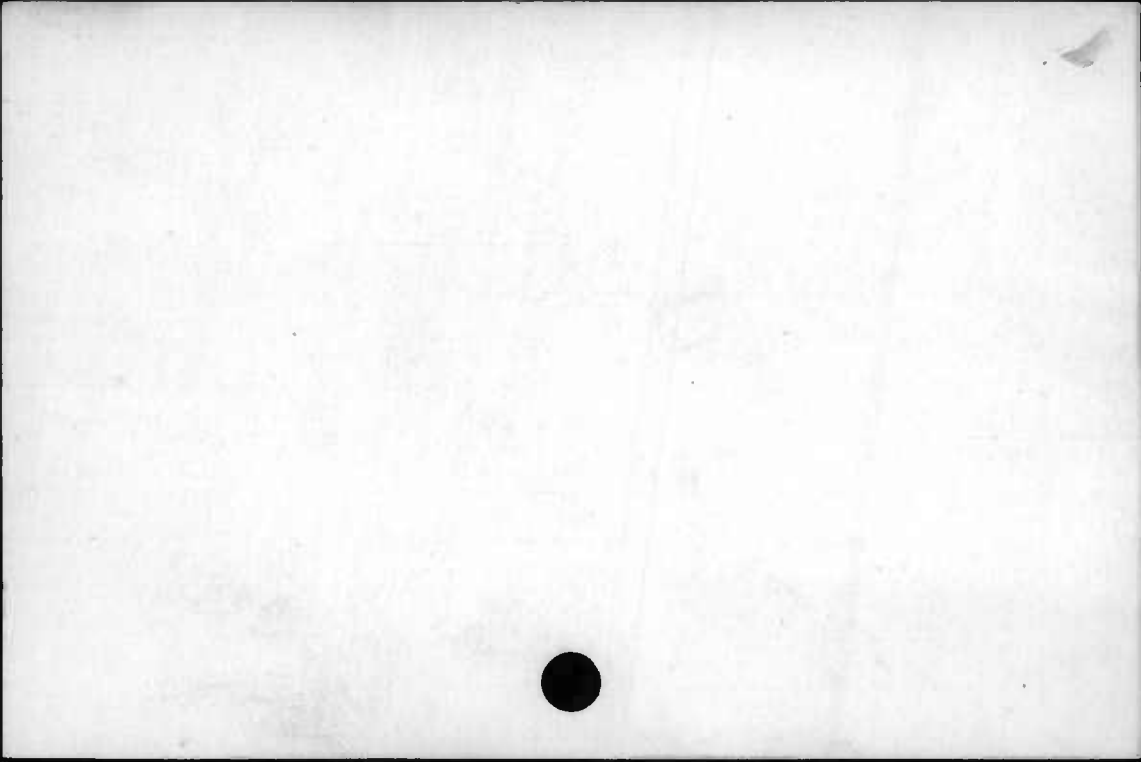
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake</i> Town		County <i>Kent</i>		MARYLAND	
Date of death	1906	Month	8	Day	21
Age		Years		Months	8
Sex		Male		Color or Race	White
Occupation		Where Residing if not at place of death		Kent Co	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Z. Fisher Whitley		Father's Birthplace	
Mother's Maiden Name		Hattie Graham		Mother's Birthplace	
Name of person giving information		Mother		How related to deceased	
				Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Exhaustion, Ill</i>	How long	<i>Several M</i>
Immediate	<i>Severe Malaria</i>	How long	<i>Several M</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. Frank Hester</i>	
		Address	
		<i>Chesapeake</i>	
		<i>MD</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Edgar Wilson</i>		Town <i>Chestertown</i>		County <i>Keese</i>		MARYLAND	
Died at <i>Chestertown</i>		Date of death <i>1906 Aug 7th</i>		Age <i>one</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Keese Co.</i>			
Occupation <i>—</i>				Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Dora Wilson</i>				Mother's Birthplace <i>Keese Co.</i>			
Name of person giving information <i>Sam Wilson</i>				How related to deceased <i>Grandfather</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>One week</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>—</i>	
<i>Yes</i>		Address <i>Wilmington Md.</i>	
Accident or Suicide? <i>—</i>			

